

Aperta Care Limited

# Caremark (Rotherham)

## Inspection report

Unit 26  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Caremark (Rotherham) is a domiciliary care agency providing support for people in their own homes. The service was supporting 21 people at the time of the inspection. The majority of the people being supported were under 18

### People's experience of using this service and what we found

Everyone we spoke with was very positive about the care and support they received. They said they felt safe with the care staff and felt staff were appropriately trained to provide support. One relative described how staff had recently received training to meet their relative's specific needs.

One person's relative told us how the provider had ensured their provision changed to meet the person's changing support needs, and one person using the service described their experience as "great."

The registered manager and care staff were approachable, and people felt able to raise any concerns directly with them. Staff said they felt well supported and received the training they needed for their role. Staff were safely recruited. One staff member described the provider as "on the ball, any problems or changes and they sort it out." Another described how the provider had supported them around difficult personal circumstances. All the staff we asked said they would recommend Caremark (Rotherham) as an employer.

Care plans and risk assessments were in place to identify the support people wanted. People and their relatives were involved in agreeing and reviewing their care plans.

Staff received an in depth induction and regular, ongoing training to enable them to undertake their roles. Staff told us they found the training to be useful and informative. One staff member said: "You get all the training you want, anything you ask they provide it."

The registered manager and wider management team had oversight of the service through regular contact with people, their families and staff to gain feedback on the service. Care plans were reviewed regularly to ensure they met people's needs, and spot checks were formally recorded with staff. Daily records were reviewed by the management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (published July 2019.)

### Why we inspected

This was a planned focussed inspection based on the rating at the last inspection. As this was a focussed

inspection, we reviewed the key questions of safe, responsive and well led only.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well led.

Details are in our well led findings below.

**Good** ●

# Caremark (Rotherham)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 6 October 2020 and ended on 23 October 2020. We visited the office location on 8 October 2020 and made telephone calls to people using the service, their relatives and staff after this visit.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

We spoke with the registered manager, nominated individual and members of the management team. We spoke with four people using the service or their relatives, and eight staff.

We reviewed a range of records. This included five people's care records. We looked at five staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely throughout the service.
- Staff told us they had received training in medicines management, and records we checked confirmed this. People's relatives told us they felt staff understood how to handle medication safely.
- The provider had effective systems in place to monitor how medicines were managed within the service; this included monitoring of records, and carrying out spot checks of care visits which included monitoring how medicines were managed.
- We noted that where people required medicines on an "as required" basis, often referred to as PRN, the provider did not have appropriate protocols in place to guide staff in their use. We discussed this with the registered manager who provided evidence following the site visit that they had implemented PRN protocols.

### Systems and processes to safeguard people from the risk of abuse

- Everyone we asked told us they felt safe when receiving care. One person's relative told us the consistency of staffing was an important factor in feeling safe, and another told us they had no concerns about safety.
- Staff knew the procedures for reporting any concerns they had and had completed training in safeguarding. Every staff member we asked told us they were confident in raising any concerns.

### Assessing risk, safety monitoring and management

- Risks, such as choking, moving and handling and infection control, were identified during the initial assessment of a person's needs and reviewed regularly. Guidance was provided for staff to manage the identified risks.
- An assessment of the environmental risks staff may face when supporting people in their own home was completed. For example, external lighting, the condition of house or flat and fire safety.

### Staffing and recruitment

- Staff were recruited safely. Any gaps in employment history were explained, and references were sought before staff commenced work
- Care staff were assigned to specific people, so care was delivered by a consistent team who knew the person well. People told us this was important to them.
- Staff told us they had received a good induction when they started work, with one saying the experience was "really great, I felt fully equipped [to start providing support.]"
- Staff told us they received a good level of training, and records confirmed training was comprehensive and up to date. The provider's training officer told us they could tailor training to meet people's individual needs.

### Preventing and controlling infection

- Staff received training in infection control and food hygiene. Staff we spoke with told us this training was useful.
- Personal protective equipment (PPE) was available for staff to use and staff confirmed it was plentiful. During spot checks of care visits, the use of PPE was monitored to ensure care was provided safely.

### Learning lessons when things go wrong

- Staff told us they would report any incidents or accidents directly to the registered manager and said they would feel confident to do so.
- When incidents and accidents happened, analysis took place to reduce the risk of recurrence. For example, additional training was being sought in one area to address an issue identified through incident analysis.
- The last inspection identified concerns around communication within the service. In response to this, the provider developed a new role with the responsibility for communicating with people and having oversight of each individual care package. People using the service and their relatives told us this was working well.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated requires improvement. At this inspection it has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration when the care plan was being developed. This included information about their personal history and social interests to enable staff to understand the person.
- Each person received care from a dedicated team to ensure consistency. One person's relative described how the staff had received training around another health issue within their family, to ensure they understood how to work within the person's home.
- One staff member said they valued working within a dedicated team as it meant they could fully understand the person they were supporting.
- The registered manager told us some people had been involved in interviewing their care staff, checking that they shared interests and could relate to one another. Other people had taken part in the "spot checks" which managers carried out to ensure staff were undertaking their duties correctly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the requirements of the Accessible Information Standard (AIS). People's communication needs were assessed by the service and clearly recorded to ensure that staff were aware of any specific needs.
- Staff told us they always had the time to read people's care plans so they could familiarise themselves with people's communication needs. They said this ensured people received care in a way which suited them.
- Relatives said staff understood how to communicate with their relative, and showed a good understanding in this field.
- Policies and procedures were available in alternative formats, to enable people with additional communication needs to understand them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us staff were allocated to each individual's care team based on their interests and personality types, in order to help people participate in social activities. Care records reflected this.
- When we spoke with staff it was clear they had a good knowledge of what interests and hobbies people had, and why they were important to them.
- When people using the service interviewed potential new care workers, the provider supported them to

check they had shared interests.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy which was also available in easy read format.
- People we spoke with told us they would feel confident to complain about the service, and said they thought their complaints would be listened to.
- There had been one formal complaint received in the six months prior to the inspection. We noted that although this had been thoroughly investigated and the complainant received a written response, the written response did not direct the complainant to the next source of remedy should they remain dissatisfied.
- Where appropriate, lessons were learned from concerns and untoward incidents to improve the service and raise standards.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated requires improvement. At this inspection it improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People said there was very good communication with the care staff and the registered manager. One person described how they contacted the service by email and said they always received a timely response.
- Staff told us they felt supported by the provider, and there was a scheme in place to formally recognise good staff performance. One staff member described the tailored support they had received around a personal issue, and another described the management team as "on the ball."
- The registered manager knew the kind of incidents that needed to be notified to the Care Quality Commission, and appropriate notifications had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider carried out regular checks of the service, by way of reviews of care and surveys.
- The management team completed spot checks with staff where they attended a support visit with them to observe how they interacted with and supported people.
- Staff made daily notes of the support they had provided. These were reviewed by the management team as part of the quality audit process and, if required, care plans were reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were involved in reviewing and agreeing their care and support plans.
- People said they were able to contact the registered manager if they needed to, although one person told us they thought communication with the office could be improved; this view was not echoed amongst the other people we spoke with.
- There was plentiful evidence of the provider working in partnership with others to ensure people received good quality care that met their needs.
- The provider had a comprehensive website, which was very informative about the services they provided. The website displayed their CQC ratings, as required by law, and this was also on display in the location's office.